

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 78803.06501	
Application Number: 10/582,426		Filed: 8 June 2006	
For: AN IMPROVED FEED MECHANISM FOR A MEDICAL DEVICE			
Art Unit: 3767		Examiner: Bhisma Mehta	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65 \$_____
<input type="checkbox"/>	Two month (37 CFR 1.17(a)(2))	\$490	\$245 \$_____
<input checked="" type="checkbox"/>	Three month (37 CFR 1.17(a)(3))	\$1110	\$555 \$ <u>555</u>
<input type="checkbox"/>	Four month (37 CFR 1.17(a)(4))	\$1730	\$865 \$_____
<input type="checkbox"/>	Five month (37 CFR 1.17(a)(5))	\$2350	\$1175 \$_____
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1943.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038			
I am the	<input type="checkbox"/> applicant / inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/95). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>27,223</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
_____ /Charles N Quinn/ Signature		_____ 5 October 2009 Date	
_____ Charles N. Quinn Typed or printed name		_____ (610) 458-4984 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			